

ANIMAL RECTAL TEMPERATURE RECORDING LOG

FACILITY NAME:		CONTACT PERSON NAME:			CONTACT PHONE NUMBER:	
STREET ADDRESS:			CITY:	STATE:	ZIP CODE:	COUNTY:
NAME OF ANIMAL:		ANIMAL ID (if applicable):	SPECIES:		BREED:	
COLOR:	AGE OR D.O.B.:			GENDER:		
REMARKS:				REASON FOR LOG:		

For equine, contact MDARD at 1-800-292-3939 if the rectal temperature is above 101.5 F or the animal is showing signs of illness (e.g. has an abortion, has nasal discharge, is stumbling, is down and having difficulties rising).

	DATE:	1 ST TEMPERATURE:	TIME TAKEN:	PERSON TAKING:	2 ND TEMPERATURE:	TIME TAKEN:	PERSON TAKING:	SIGNS OF ILLNESS:
DAY 1								
DAY 2								
DAY 3								
DAY 4								
DAY 5								
DAY 6								
DAY 7								
DAY 8								
DAY 9								
DAY 10								
DAY 11								
DAY 12								
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DAY 18								
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DAY 21								
DAY 22								
DAY 23								
DAY 24								
DAY 25								
DAY 26								
DAY 27								
DAY 28								

"I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE"

Signature _____

Name printed _____

Date _____